



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	1896339.88	
(c) Total Receipts (from Line 19) .....	189191.84	2086420.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2085531.72	5146243.44
7. Total Disbursements (from Line 31).....	70861.30	3131573.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2014670.42	2014670.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Hospital Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	128724.03	994332.35
(ii) Unitemized .....	31047.25	380793.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	159771.28	1375125.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15675.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	164771.28	1390800.54
12. Transfers From Affiliated/Other Party Committees.....	24100.00	683385.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	134.15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	9000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	320.56	3100.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	189191.84	2086420.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	189191.84	2086420.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	361.30	12344.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	361.30	12344.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	1206050.00
24. Independent Expenditures (use Schedule E) .....	0.00	1912678.12
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70861.30	3131573.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70861.30	3131573.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	164771.28	1390800.54
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	164271.28	1390300.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	361.30	12344.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	134.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	361.30	12210.75

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+19A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Void of \$19,815.05 of the \$200,315.05 Independent Expenditure to Lois Capps previously reported on 10/03/2012

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Teresa Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Stony Point Road  
 City Charleston State WV Zip Code 25314-1306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520713**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Evelyn Letnaunchyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Ariel Heights  
 City Charleston State WV Zip Code 25311-1143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520716**  
 Amount of Each Receipt this Period  
 500.00

**c. Mr. Robert C Marquardt FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8204 Carriage Lane  
 City Fairmont State WV Zip Code 26554-7823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520717**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 174
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Chris A Lumsden**  
Full Name (Last, First, Middle Initial)

Mailing Address 2204 Wilborn Avenue

City South Boston State VA Zip Code 24592-1645

FEC ID number of contributing federal political committee. **C**

Name of Employer Halifax Regional Health System Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : 20520720**

Amount of Each Receipt this Period 350.00

**B. Mr. Steven R Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Belmont Avenue

City Brattleboro State VT Zip Code 05301-7601

FEC ID number of contributing federal political committee. **C**

Name of Employer Brattleboro Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2012  
**Transaction ID : 20520721**

Amount of Each Receipt this Period 350.00

**C. Mr. Frank G McDougall Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address One Medical Center Drive

City Lebanon State NH Zip Code 03756-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Dartmouth-Hitchcock Medical Center Occupation Vice President Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2012  
**Transaction ID : 20520724**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. James Staten**

Mailing Address 20 York Street  
1052CB

City State Zip Code  
New Haven CT 06510-3220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yale-New Haven Hospital Senior Vice President Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520726**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Carl J. Schiessl**

Mailing Address P O Box 90

City State Zip Code  
Wallingford CT 06492-0090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Connecticut Hospital Association Director, Regulatory Advocacy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520727**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Mr. James M. Blazar**

Mailing Address 69 Orchard Rd

City State Zip Code  
West Hartford CT 06117-2911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hartford Hospital SVP & Chief Strategy Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520728**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1650.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Elliot Joseph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Sunningdale  
 City Farmington State CT Zip Code 06032-1460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Hospital Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520729**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Vincent Petrini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 York Street  
 City New Haven State CT Zip Code 06510-3220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale New Haven Health System Occupation Senior VP of Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520730**  
 Amount of Each Receipt this Period  
 500.00

**C. Ms. Mary Lyon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Wildlife Drive  
 City Wallingford State CT Zip Code 06492-5346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Connecticut Hospital Association Occupation Vice President, Integrated Health Info  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20520731**  
 Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Ron Bunnell**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 25489

City Phoenix State AZ Zip Code 85002-5489

FEC ID number of contributing federal political committee. **C**

Name of Employer Banner Health Occupation Executive Vice President and Chief Adm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 29 / 2012  
Transaction ID : 20521334

Amount of Each Receipt this Period 500.00

**B. Mr. Thomas A Kleinhanzl**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Saratoga Springs Court

City Middletown State MD Zip Code 21769-8110

FEC ID number of contributing federal political committee. **C**

Name of Employer Frederick Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 29 / 2012  
Transaction ID : 20521659

Amount of Each Receipt this Period 255.00

**C. Mr. John M Sernulka**  
Full Name (Last, First, Middle Initial)

Mailing Address 8307 Sunrise Court

City Ellicott City State MD Zip Code 21043-3355

FEC ID number of contributing federal political committee. **C**

Name of Employer Carroll Hospital Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 29 / 2012  
Transaction ID : 20521669

Amount of Each Receipt this Period 255.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1010.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Michael J Curran**

Mailing Address 3551 Cattail Creek Drive

City State Zip Code  
Glenwood MD 21738-9607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedStar Health Executive Vice President and Chief Fin

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521678**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Oliver Johnson III**

Mailing Address 14717 Dover Road

City State Zip Code  
Reisterstown MD 21136-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedStar Georgetown University Hospital Senior Vice President and General Coun

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521680**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeffrey A Matton**

Mailing Address 1132 Nichols Court

City State Zip Code  
Millersville MD 21108-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedStar Good Samaritan Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521681**

Amount of Each Receipt this Period  
365.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Mary Joy Maxwell**

Mailing Address 20265 Watermark Place

City State Zip Code  
Potomac Falls VA 20165-5134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedStar Health Executive VP, Operations Washington

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521682**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Beverly L. Miller**

Mailing Address 1906 Autumn Frost Lane

City State Zip Code  
Baltimore MD 21209-1106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maryland Hospital Association Senior Vice President, Quality Policy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521684**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Kenneth A Samet**

Mailing Address 8820 Burdette Road

City State Zip Code  
Bethesda MD 20817-2807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedStar Health President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521685**

Amount of Each Receipt this Period  
510.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1020.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Christine Swearingen**

Mailing Address 3022 Chestnut Street, NW

City Washington State DC Zip Code 20015-1408

FEC ID number of contributing federal political committee. **C**

Name of Employer MedStar Health Occupation Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521687**

Amount of Each Receipt this Period  
**255.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. William L Thomas M.D.**

Mailing Address 124 W. Lee Street

City Baltimore State MD Zip Code 21201-2421

FEC ID number of contributing federal political committee. **C**

Name of Employer MedStar Health Occupation Executive Vice President Medical Affai

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521688**

Amount of Each Receipt this Period  
**255.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. William T Ryan**

Mailing Address 1226 Huron Road East

City Cleveland State OH Zip Code 44115-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer Center for Health Affairs, The Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : 20521997**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **760.00**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Barbara J Petee**

Mailing Address 1801 Richards Road

City Toledo State OH Zip Code 43607-1037

FEC ID number of contributing federal political committee. **C**

Name of Employer ProMedica Herrick Hospital Occupation Chief Advocacy Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : 20521998**

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Stanley R Korducki**

Mailing Address 950 West Wooster Street

City Bowling Green State OH Zip Code 43402-2603

FEC ID number of contributing federal political committee. **C**

Name of Employer Wood County Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : 20521999**

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Kathleen S Hanley**

Mailing Address 1801 Richards Road

City Toledo State OH Zip Code 43607-1037

FEC ID number of contributing federal political committee. **C**

Name of Employer ProMedica Flower Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : 20522000**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lori Johnston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10410 River Rd.  
City Grand Rapids State OH Zip Code 43522-9347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ProMedica St. Luke's Hospital Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : 20522001**  
Amount of Each Receipt this Period **250.00**

**B. Dr. Kevin C Webb PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2142 North Cove Boulevard  
City Toledo State OH Zip Code 43606-3895  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ProMedica Toledo Hospital Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : 20522002**  
Amount of Each Receipt this Period **500.00**

**C. Ms. Belinda Brown Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Clear Creek Road  
City Langhorne State PA Zip Code 19047-2306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New Jersey Hospital Association Occupation Vice President, Human Resources  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **314.50**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : 20526917**  
Amount of Each Receipt this Period **1.00**

**SUBTOTAL** of Receipts This Page (optional)..... **751.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John J. Dawidowski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Brookshire Drive

City Robbinsville	State NJ	Zip Code 08691-2554
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association	Occupation Vice President & General Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1263.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : 20526918**

Amount of Each Receipt this Period  
1.00

**B. Ms. Theresa L. Edelstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27 Harvest Lane

City Livingston	State NJ	Zip Code 07039-2750
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Service
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : 20526923**

Amount of Each Receipt this Period  
3.00

**C. Mr. Leslie D Hirsch FACHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 MacKenzie Lane North

City Denville	State NJ	Zip Code 07834-2954
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Saint Clare's Health System	Occupation President and Chief Executive Officer
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : 20526931**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	24.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sarah Lechner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Alexander Road  
 City Princeton State NJ Zip Code 08540-6305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : 20526942**  
 Amount of Each Receipt this Period 26.00

**B. Mr. Randall J. Minniear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Worthington Court  
 City Freehold State NJ Zip Code 7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Senior VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.50

Date of Receipt 11 / 30 / 2012  
**Transaction ID : 20526946**  
 Amount of Each Receipt this Period 1.00

**C. Mr. Thomas H Frazier Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Cliffview Dr  
 City Plano State TX Zip Code 75093-2419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHP Hospital Group Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : 20527042**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 527.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan Johnston</b>			Date of Receipt
Mailing Address 2208 Heritage Dr			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 20527044</b>
Opelika	AL	36804-7606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
East Alabama Medical Center	Asst. Vice President Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. David S Spillers</b>			Date of Receipt
Mailing Address 101 Sivley Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 20527045</b>
Huntsville	AL	35801-4421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Huntsville Hospital	Chief Executive Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Sammy Watson</b>			Date of Receipt
Mailing Address 809 University Boulevard East			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 20527046</b>
Tuscaloosa	AL	35401-2029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
DCH Regional Medical Center	Director Community Relations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. M. Michelle Hood**

Mailing Address 43 Whiting Hill Road

City Brewer State ME Zip Code 04412-1005

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Maine Healthcare Systems Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : 20527048**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Marie Beatrice Grause**

Mailing Address 148 Main Street

City Montpelier State VT Zip Code 05602-2913

FEC ID number of contributing federal political committee. **C**

Name of Employer Vermont Association of Hospitals and H Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529468**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Dennis C Miley**

Mailing Address 200 West 1st Street

City Paynesville State MN Zip Code 56362-1445

FEC ID number of contributing federal political committee. **C**

Name of Employer Paynesville Area Health Care System Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529528**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. J Thornton Kirby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Center Point Road  
 City Columbia State SC Zip Code 29210-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Carolina Hospital Association Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529538**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Patti Smoake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Center Point Road  
 City Columbia State SC Zip Code 29210-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Carolina Hospital Association Occupation VP, Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529539**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Allan Stalvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Gregg Street  
 City Columbia State SC Zip Code 29201-3913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Carolina Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529540**  
 Amount of Each Receipt this Period  
 650.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Richard Foster MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Center Point Road  
 City Columbia State SC Zip Code 29210-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Carolina Hospital Association Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529542**  
 Amount of Each Receipt this Period  
 260.00

**B. Ms. Sherry A. Kolb RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 844 Grimble Street  
 City Sumter State SC Zip Code 29150-5920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Carolina Hospital Association Occupation Director, Staffing Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 256.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : 20529543**  
 Amount of Each Receipt this Period  
 256.50

**C. Mr. Joseph L Woodin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2000  
 City Randolph State VT Zip Code 05060-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gifford Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : 20544388**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 866.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Glenn A Fosdick FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 987400 Nebraska Medical Center  
 City Omaha State NE Zip Code 68198-7400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : 20544406**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Claudio D Fort**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 189 Prouty Drive  
 City Newport State VT Zip Code 05855-9326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Country Hospital and Health Cent Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20556806**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Reta K Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 Woodland Hills Boulevard  
 City Fort Scott State KS Zip Code 66701-8797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital Fort Scott Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559264**  
 Amount of Each Receipt this Period  
 132.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	982.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas L Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Southeast 8th Avenue

City Topeka State KS Zip Code 66603-3906

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Hospital Association Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559266**

Amount of Each Receipt this Period  
**6.25**

**B. Ms. Adele Ducharme RN, MSN, M**  
Full Name (Last, First, Middle Initial)

Mailing Address 2218 NW 81st Ct

City Kansas City State MO Zip Code 64151-3700

FEC ID number of contributing federal political committee. **C**

Name of Employer Cushing Memorial Hospital Occupation Interim Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559279**

Amount of Each Receipt this Period  
**190.00**

**C. Mr. Terri D Floyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 1705 Hickory Ln

City Fort Scott State KS Zip Code 66701-9017

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hospital Fort Scott Occupation Vice President of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559282**

Amount of Each Receipt this Period  
**225.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>421.25</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Linda Goodwin**

Mailing Address 314 S Limuel CT

City State Zip Code  
Wichita KS 67235-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Via Christi Health Chief Nursing Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559289**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Matt Heyn MHA**

Mailing Address 923 Carroll Avenue

City State Zip Code  
Larned KS 67550-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pawnee Valley Community Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559297**

Amount of Each Receipt this Period  
262.50

Full Name (Last, First, Middle Initial)  
**C. Mr. Fred J. Lucky**

Mailing Address 14607 W 89

City State Zip Code  
Lenexa KS 66215-2967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kansas Hospital Association Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
621.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559312**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 537.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Randall G Nyp FACHE**

Mailing Address 101 East Wood Street

City State Zip Code  
Spartanburg SC 29303-3016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Saint John Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559347**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Dennis R Shelby**

Mailing Address P O Box 727

City State Zip Code  
Alva OK 73717-0727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilson Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559399**

Amount of Each Receipt this Period  
117.50

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael Shipley**

Mailing Address 7301 SW Lancelot Ct

City State Zip Code  
Topeka KS 66610-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kansas Foundation for Medical Care, In Support Services Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : 20559400**

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 592.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Kendra Tinsley**

Mailing Address 200 SW Fairlawn Rd

City State Zip Code  
Topeka KS 66606-2234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kansas Healthcare Collaborative Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 /  /   
**Transaction ID : 20559407**

Amount of Each Receipt this Period  
230.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Larry Vanderwege**

Mailing Address 725 Emerald Dr.

City State Zip Code  
Lindsborg KS 67456-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lindsborg Community Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.50

Date of Receipt  
 /  /   
**Transaction ID : 20559413**

Amount of Each Receipt this Period  
185.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Steven D Wilkinson**

Mailing Address 5721 West 119th Street

City State Zip Code  
Overland Park KS 66209-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Menorah Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 20559416**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Edward J Quinlan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Midway Road, Suite 21  
 City Cranston State RI Zip Code 02920-5742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital Association of Rhode Island Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20560995**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Thomas P. Nickels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561204**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Michael Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Highway 118 North  
 City Alpine State TX Zip Code 79830-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Big Bend Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 20561205**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Donna Meador**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 461 Mill Circle Drive  
 City State Zip Code  
 Shelbyville KY 40065-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jewish Hospital-Shelbyville Vice President,Clinical Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 20561207**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Connie Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 456 Burnley Road  
 City State Zip Code  
 Scottsville KY 42164-6355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Center at Scottsville Chief Executive Officer and Chief Oper  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : 20561208**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Robert A Caplan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Ninth Avenue  
 City State Zip Code  
 Seattle WA 98101-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Virginia Mason Medical Center Medical Director of Quality  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561218**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sandra Dahl**

Mailing Address 5502 Webster Avenue

City State Zip Code  
Yakima WA 98908-3698

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yakima Valley Memorial Hospital Vice President, Nursing & Patient Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561219**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Andrew Jacobs MD**

Mailing Address P O Box 900

City State Zip Code  
Seattle WA 98111-0900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virginia Mason Medical Center Chief Medical Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561220**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Ben Lindekugel**

Mailing Address 300 Elliott Avenue West  
Suite 300

City State Zip Code  
Seattle WA 98119-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Association of WA Public Hospital Dist Director, Member Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561221**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Rodger McCollum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9575 Ethan Wade Way Southeast  
 City State Zip Code  
 Snoqualmie WA 98065-9577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Snoqualmie Valley Hospital Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561222**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Russ Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2908 Shelton Avenue  
 City State Zip Code  
 Yakima WA 98902-4073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Yakima Valley Memorial Hospital Senior Vice President and Chief Operat  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561225**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms Teresa Pritchard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2811 Tieton Drive  
 City State Zip Code  
 Yakima WA 98902-3761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Yakima Valley Memorial Hospital VP, Employee Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561226**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Donna Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Ninth Avenue  
 PO Box 900  
 City Seattle State WA Zip Code 98101-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Mason Medical Center Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561227**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Gail Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4902 Webster Road  
 City Yakima State WA Zip Code 98908-2451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yakima Valley Memorial Hospital Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561228**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Richard W Linneweh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2811 Tieton Drive  
 City Yakima State WA Zip Code 98902-3799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yakima Valley Memorial Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561229**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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ITEMIZED RECEIPTS**

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Gregory D Sawyer MD, PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2811 Tieton Drive

City State Zip Code  
Yakima WA 98902-3761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yakima Valley Memorial Hospital Vice President Physician Practices

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 20561230**

Amount of Each Receipt this Period  
500.00

**B. Mr. David E Phelps**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 North Street

City State Zip Code  
Pittsfield MA 01201-4124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Berkshire Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012

**Transaction ID : 20561233**

Amount of Each Receipt this Period  
750.00

**C. Mr. Joseph White III**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Lakeside Terrace

City State Zip Code  
Westford MA 01886-1392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lowell General Hospital Executive Vice President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012

**Transaction ID : 20561234**

Amount of Each Receipt this Period  
375.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Jeff Absalon MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 NW Colonial Dr.  
City Bend State OR Zip Code 97701-5516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Charles Health System, Inc. Occupation Chief Physician Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : 20562961**  
Amount of Each Receipt this Period **100.00**

**B. Ms. Peggy Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18839 Roundtree  
City Oregon City State OR Zip Code 97045-3920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : 20562962**  
Amount of Each Receipt this Period **100.00**

**C. Mr. Dennis E Burke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 610 NW 11th Street  
City Hermiston State OR Zip Code 97838-6601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Good Shepherd Health Care System Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : 20562972**  
Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard M Cagen**

Mailing Address 342 Fairview Street

City State Zip Code  
Silverton OR 97381-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Silverton Hospital President/Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2012  
**Transaction ID : 20562973**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Wayne Clark**

Mailing Address 7555 SW Afton Lane

City State Zip Code  
Tigard OR 97224-7680

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legacy Health VP, Community Relations & Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2012  
**Transaction ID : 20562974**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Fred E. Coleman**

Mailing Address 14505 NW 52nd Ct

City State Zip Code  
Vancouver WA 98685-0511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legacy Health Medical Director, Surgical Specialty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 12 / 2012  
**Transaction ID : 20562977**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Gina Cole-Plasker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17555 NW Waltuck Ct  
 City Portland State OR Zip Code 97229-8530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Health Occupation Gov. Affairs Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562978**  
 Amount of Each Receipt this Period  
 50.00

**B. Mr. Andrew S Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Kruse Way Place, Suite 2-100  
 City Lake Oswego State OR Zip Code 97035-2543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Association of Hospitals and He Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562979**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. James A. Diegel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 NE Neff Road  
 City Bend State OR Zip Code 97701-6015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Charles Health System, Inc. Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562980**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Andrea Easton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 258 Evergreen Road #4  
 City Lake Oswego State OR Zip Code 97034-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562981**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr Mark M. Enger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 NW 12 Ave  
 City Portland State OR Zip Code 97209-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation VP/COO, Care Delivery Operations Kaise  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562984**  
 Amount of Each Receipt this Period  
 50.00

**C. Ms Krista Farnham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2140 Middle Fork Cir  
 City Seaside State OR Zip Code 97138-1191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Milwaukie Hospital Occupation Associate Hospital Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562985**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Duane Francis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 East 19th Street

City The Dalles State OR Zip Code 97058-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-Columbia Medical Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20562986**

Amount of Each Receipt this Period  
 50.00

**B. Mr. Robert Gomes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2991 SE Triangle Outfit Dr

City Prineville State OR Zip Code 97754-2554

FEC ID number of contributing federal political committee. **C**

Name of Employer Pioneer Memorial Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20562987**

Amount of Each Receipt this Period  
 100.00

**C. Mr. Timothy Herrmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1965 Alder Street

City Eugene State OR Zip Code 97405-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer Sacred Heart Medical Center at RiverBe Occupation Chief Nurse Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20562992**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John G Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 2751 Shadow View Dr

City Eugene State OR Zip Code 97408-4640

FEC ID number of contributing federal political committee. **C**

Name of Employer Sacred Heart Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : 20562993**

Amount of Each Receipt this Period  
50.00

**B. Mr. Robert Houser FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Ford Road

City John Day State OR Zip Code 97845-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Mountain Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : 20562994**

Amount of Each Receipt this Period  
50.00

**C. Mr. Win Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 378 Sierra Lodge Drive

City Grants Pass State OR Zip Code 97527-9087

FEC ID number of contributing federal political committee. **C**

Name of Employer Three Rivers Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : 20562995**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul Janke FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1775 Thompson Road  
 City Coos Bay State OR Zip Code 97420-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Area Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562996**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Scott Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 675 S Oregon St  
 City Jacksonville State OR Zip Code 97530-9792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Asante Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562998**  
 Amount of Each Receipt this Period  
 50.00

**c. Mr. John Jay Kenagy PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Lind Avenue SW, 9016  
 City Renton State WA Zip Code 98057-3368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Meridian Park Hospital Occupation Senior Vice President and Chief Inform  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20562999**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David Kinyon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1110 NW Hillside Dr

City Grants Pass State OR Zip Code 97526-1175

FEC ID number of contributing federal political committee. **C**

Name of Employer Asante Health System Occupation Director, Operational Informatics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20563000**

Amount of Each Receipt this Period  
**50.00**

**B. Ms. Robin Moody**  
Full Name (Last, First, Middle Initial)

Mailing Address 8553 SW 8th Ave

City Portland State OR Zip Code 97219-4577

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20563006**

Amount of Each Receipt this Period  
**100.00**

**C. Ms. Lori Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5811 North Bowdoin St

City Portland State OR Zip Code 97203-4103

FEC ID number of contributing federal political committee. **C**

Name of Employer Legacy Good Samaritan Hospital and Med Occupation Chief Administrative Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : 20563007**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Duncan Neilson**

Mailing Address 17506 SE Walta Vista Dr

City State Zip Code  
Milwaukie OR 97267-5547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legacy Health Clinical Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
**Transaction ID : 20563016**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Becky A Pape MPA, RN**

Mailing Address P O Box 739

City State Zip Code  
Lebanon OR 97355-0739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Samaritan Lebanon Community Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
**Transaction ID : 20563018**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Theron Park**

Mailing Address 4805 NE Glisan Street

City State Zip Code  
Portland OR 97213-2933

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Providence Portland Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 /  /   
**Transaction ID : 20563019**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 9670 SE 257 Ave

City Damascus	State OR	Zip Code 97089-6353
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Adventist Medical Center	Occupation Chief Executive Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		12		2012

**Transaction ID : 20563025**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						5	5

**50.00**

**B. Mr David Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1470 SW 19 Ct

City Gresham	State OR	Zip Code 97080-9658
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Adventist Medical Center	Occupation Vice President Business Development
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		12		2012

**Transaction ID : 20563026**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						1	0

**100.00**

**C. Mr. Roger Saydack**  
Full Name (Last, First, Middle Initial)

Mailing Address 2685 Columbia St

City Eugene	State OR	Zip Code 97403-1820
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sacred Heart Medical Center	Occupation Regional Vice President Legal Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		12		2012

**Transaction ID : 20563027**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						3	0

**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kirk Schueler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : 20563030</b>
Mailing Address 2500 NE Neff Road		Amount of Each Receipt this Period 950.00
City Bend	State OR	Zip Code 97701-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer St. Charles Health System, Inc.	Occupation Chief Administrator Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Karen Shepard</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : 20563031</b>
Mailing Address 2500 NE Neff Road		Amount of Each Receipt this Period 600.00
City Bend	State OR	Zip Code 97701-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer St. Charles Medical Center - Redmond	Occupation Senior Vice President Finance and Chie	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard Stenson</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : 20563033</b>
Mailing Address 335 SE Eighth Avenue		Amount of Each Receipt this Period 300.00
City Hillsboro	State OR	Zip Code 97123-4246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Tuahly Healthcare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Paul R Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2865 Daggett Avenue  
 City Klamath Falls State OR Zip Code 97601-1106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sky Lakes Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563035**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Robert Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Bellerive Drive  
 City Eagle Point State OR Zip Code 97524-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Asante Health System Occupation Chief Quality Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563037**  
 Amount of Each Receipt this Period  
 50.00

**C. Mr. Charles B Tveit**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 South 'J' Street  
 City Lakeview State OR Zip Code 97630-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake District Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563039**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David T Underriner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2690 Surrey Lane  
 City West Linn State OR Zip Code 97068-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Health & Services Occupation Chief Executive Officer, Portland Serv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563040**  
 Amount of Each Receipt this Period  
 100.00

**B. Mr. Andy Van Pelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Kruse Way Place Building 2, Suite 100  
 City Lake Oswego State OR Zip Code 97035-5545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563041**  
 Amount of Each Receipt this Period  
 100.00

**C. Mr. Greg Van Pelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 NW Skyline Blvd  
 City Portland State OR Zip Code 97210-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Health & Services Occupation Vice President and Chief Regional Oper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : 20563042**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Roy G Vinyard FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City	State	Zip Code
Medford	OR	97504-8170

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Asante Health System	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012

**Transaction ID : 20563043**

Amount of Each Receipt this Period  
**100.00**

**B. Mr. James A Wathen**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 11th Street SE

City	State	Zip Code
Bandon	OR	97411-9114

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Southern Coos Hospital and Health Cent	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012

**Transaction ID : 20563045**

Amount of Each Receipt this Period  
**50.00**

**C. Mr. Kevin Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Brookside Dr

City	State	Zip Code
New London	NH	03257-5858

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mt. Ascutney Hospital and Health Cente	Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2012

**Transaction ID : 20565331**

Amount of Each Receipt this Period  
**350.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Patrick J Branco**

Mailing Address 3100 Tongass Avenue

City State Zip Code  
Ketchikan AK 99901-5746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PeaceHealth Ketchikan Medical Center Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 20572963**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Mark S Rulle**

Mailing Address 106 Stone Point Drive #118

City State Zip Code  
Annapolis MD 21401-6990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maryland Hospital Association President, MHEI

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 /  /   
**Transaction ID : 20573812**

Amount of Each Receipt this Period  
255.00

Full Name (Last, First, Middle Initial)  
**c. Mr. Stephen Canessa**

Mailing Address 363 Highland Avenue

City State Zip Code  
Fall River MA 02720-3703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southcoast Hospitals Group Director of Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 /  /   
**Transaction ID : 20573816**

Amount of Each Receipt this Period  
262.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daniel Keenan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 271 Carew St.  
 City Springfield State MA Zip Code 01104-2377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Medical Center Occupation Senior Vice President Government Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2012  
**Transaction ID : 20573818**  
 Amount of Each Receipt this Period  
 262.50

**B. Mr. Patrick R Wardell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Carver Street  
 City Cambridge State MA Zip Code 02138-1969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cambridge Health Alliance Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2012  
**Transaction ID : 20573820**  
 Amount of Each Receipt this Period  
 800.00

**C. Ms. Tracy Church**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 5037  
 City Hartford State CT Zip Code 06102-5037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Healthcare Occupation Senior Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573913**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1412.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Jonathan R Bates MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Children's Way  
 City Little Rock State AR Zip Code 72202-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Children's Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573917**  
 Amount of Each Receipt this Period  
 325.00

**B. Mr. Gary Bebow FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2197  
 City Batesville State AR Zip Code 72503-2197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer White River Medical Center Occupation Administrator and Chief Executive Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 608.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573918**  
 Amount of Each Receipt this Period  
 170.62

**C. Mr. Tim Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 311 North Morrow Street  
 City Mena State AR Zip Code 71953-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mena Regional Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573920**  
 Amount of Each Receipt this Period  
 227.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 723.12  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Roger M. Busfield Jr., PhD,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 Natural Resources Dr  
 City Little Rock State AR Zip Code 72205-1576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Hospital Association Occupation President Emeritus  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573921**  
 Amount of Each Receipt this Period  
 325.00

**B. Mr. Greg Crain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9601 Interstate 630, Exit 7  
 City Little Rock State AR Zip Code 72205-7202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Medical Center-Little R Occupation Vice President Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573922**  
 Amount of Each Receipt this Period  
 227.50

**C. Mr. Harrison M Dean FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Springhill Drive  
 City North Little Rock State AR Zip Code 72117-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Medical Center - North Occupation Senior Vice President and Administrato  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573923**  
 Amount of Each Receipt this Period  
 227.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Kristy Estrem FACHE**

Mailing Address 214 Carter Street

City Berryville State AR Zip Code 72616-4303

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hospital Berryville Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : 20573926**

Amount of Each Receipt this Period  
 227.50

Full Name (Last, First, Middle Initial)  
**B. Ms. Lisa Evans**

Mailing Address 11501 Financial Center Parkway

City Little Rock State AR Zip Code 72211-3715

FEC ID number of contributing federal political committee. **C**

Name of Employer Pinnacle Pointe Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : 20573927**

Amount of Each Receipt this Period  
 227.50

Full Name (Last, First, Middle Initial)  
**c. Mr. Ryan Gehrig**

Mailing Address P O Box 1308

City Norman State OK Zip Code 73070-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hospital Fort Smith Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : 20573928**

Amount of Each Receipt this Period  
 650.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 174  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Russell D Harrington Jr FACHE**

Mailing Address 9601 Interstate 630, Exit 7

City Little Rock      State AR      Zip Code 72205-7202

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Health      Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573929**

Amount of Each Receipt this Period  
**325.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Edward L Lacy FACHE**

Mailing Address 1800 Bypass Road

City Heber Springs      State AR      Zip Code 72543-9135

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Health Medical Center-Heber Sp      Occupation Vice President and Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573931**

Amount of Each Receipt this Period  
**227.50**

Full Name (Last, First, Middle Initial)  
**C. Mr. James L Magee**

Mailing Address 1206 Gordon Duckworth Drive

City Piggott      State AR      Zip Code 72454-1911

FEC ID number of contributing federal political committee. **C**

Name of Employer Piggott Community Hospital      Occupation Executive Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573934**

Amount of Each Receipt this Period  
**227.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **780.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Larry Morse**

Mailing Address P O Box 738

City Clarksville      State AR      Zip Code 72830-0738

FEC ID number of contributing federal political committee. **C**

Name of Employer Johnson Regional Medical Center      Occupation Chief Executive Officer and Administra

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573935**

Amount of Each Receipt this Period  
**325.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Barry Pipkin**

Mailing Address 21 Bridgeway Road

City North Little Rock      State AR      Zip Code 72113-9514

FEC ID number of contributing federal political committee. **C**

Name of Employer BridgeWay, The      Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573938**

Amount of Each Receipt this Period  
**227.50**

Full Name (Last, First, Middle Initial)  
**C. Mr. James T Sato FACHE**

Mailing Address P O Box 788

City Helena      State AR      Zip Code 72342-0788

FEC ID number of contributing federal political committee. **C**

Name of Employer Helena Regional Medical Center      Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2012  
**Transaction ID : 20573939**

Amount of Each Receipt this Period  
**227.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **780.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 174  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Scott Street**

Mailing Address 2710 Rife Medical Lane

City State Zip Code  
Rogers AR 72758-1452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Hospital Rogers President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573940**

Amount of Each Receipt this Period  
325.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Kyle Swift**

Mailing Address P O Box 1998

City State Zip Code  
El Dorado AR 71731-1998

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medical Center of South Arkansas Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573941**

Amount of Each Receipt this Period  
227.50

Full Name (Last, First, Middle Initial)  
**c. Mr. Douglas Weeks FACHE**

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code  
Little Rock AR 72205-7202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baptist Health Senior Vice President of Hosp Operatio

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573943**

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 877.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Margaret M West MS, RD, LD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 629  
 City Magnolia State AR Zip Code 71754-0629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magnolia Regional Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20573944**  
 Amount of Each Receipt this Period  
 227.50

**B. Mr. Douglas J Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One American Square Suite 1900  
 City Indianapolis State IN Zip Code 46282-0200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574264**  
 Amount of Each Receipt this Period  
 1000.00

**c. Mr. Spencer L. Grover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3636 Emily Way  
 City Carmel State IN Zip Code 46033-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hospital Association Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574265**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1727.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David H. Wiesman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4521 Hickory Grove Blvd.  
 City Greenwood State IN Zip Code 46143-7448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hospital Association Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2012  
**Transaction ID : 20574266**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Brian Tabor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10762 Forest Lake Court  
 City Indianapolis State IN Zip Code 46278-9610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hospital Association Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2012  
**Transaction ID : 20574267**  
 Amount of Each Receipt this Period 500.00

**C. Ms. Eva C. LaBarge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6434 Sun Flag Ct.  
 City Sparks State NV Zip Code 89436-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nevada Hospital Association Occupation Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2012  
**Transaction ID : 20574273**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Gregory E Boyer**

Mailing Address 10101 Double 'R' Boulevard

City Reno State NV Zip Code 89521-2964

FEC ID number of contributing federal political committee. **C**

Name of Employer: Renown Regional Medical Center  
Occupation: Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 19 / 2012  
**Transaction ID : 20574274**

Amount of Each Receipt this Period: 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Bill M Welch**

Mailing Address 5250 Neil Road, Suite 302

City Reno State NV Zip Code 89502-6568

FEC ID number of contributing federal political committee. **C**

Name of Employer: Nevada Hospital Association  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 19 / 2012  
**Transaction ID : 20574275**

Amount of Each Receipt this Period: 500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. John E Barrett III**

Mailing Address P O Box 2600

City Boone State NC Zip Code 28607-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bon Secours-DePaul Medical Center  
Occupation: Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 19 / 2012  
**Transaction ID : 20574276**

Amount of Each Receipt this Period: 350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1350.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. David Jenkins**

Mailing Address 2620 Pleasant Run Drive

City Richmond State VA Zip Code 23233-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa Occupation Director of Human Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574278**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Ms Charlotte Perkins**

Mailing Address 326 Willway

City Manakin Sabot State VA Zip Code 23103-3281

FEC ID number of contributing federal political committee. **C**

Name of Employer Bon Secours-Richmond Community Hospita Occupation Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574279**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Tim Shephard**

Mailing Address P O Box 27184

City Richmond State VA Zip Code 23261-7184

FEC ID number of contributing federal political committee. **C**

Name of Employer Bon Secours-Richmond Community Hospita Occupation Vice President Neurosciences

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574280**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Margaret Naleppa M.S., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 Riverside Drive  
 City Salisbury State MD Zip Code 21801-5422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peninsula Regional Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574288**  
 Amount of Each Receipt this Period  
 272.00

**B. Ms. Bonnie Phipps**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Sawgrass Court  
 City Timonium State MD Zip Code 21093-7000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Agnes Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574290**  
 Amount of Each Receipt this Period  
 510.00

**C. Mr. Kevin J Sexton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 Woodside Parkway  
 City Silver Spring State MD Zip Code 20910-4275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Holy Cross Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574293**  
 Amount of Each Receipt this Period  
 255.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1037.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Nicole Stallings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 Golf Course Drive  
 City Arnold State MD Zip Code 21012-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maryland Hospital Association Occupation Assistant VP, Quality Policy & Advocac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574295**  
 Amount of Each Receipt this Period  
 255.00

**B. Ms. Pegeen A. Townsend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 McKeon Road  
 City Severna Park State MD Zip Code 21146-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedStar Health Occupation Vice President Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : 20574296**  
 Amount of Each Receipt this Period  
 255.00

**C. Mr. Craig W Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Lincoln Boulevard  
 City Oklahoma City State OK Zip Code 73105-5207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oklahoma Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574373**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Eddie L. Foster**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison	State MS	Zip Code 39110-4522
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
505.50

Date of Receipt  
12 / 18 / 2012  
**Transaction ID : 20574385**

Amount of Each Receipt this Period  
6.00

**B. Mr. Sam W Cameron**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Woodgreen Crossing

City Madison	State MS	Zip Code 39110-4522
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Hospital Association	Occupation President & Chief Executive Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
542.50

Date of Receipt  
12 / 18 / 2012  
**Transaction ID : 20574388**

Amount of Each Receipt this Period  
5.00

**C. Mr. Larry C. Bourne**  
Full Name (Last, First, Middle Initial)

Mailing Address 424 Autumn Oak Drive

City Madison	State MS	Zip Code 39110-9148
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HPI Company	Occupation President and CEO
---------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
12 / 18 / 2012  
**Transaction ID : 20574389**

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard Grimes**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
Madison MS 39110-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Hospital Association Vice President- Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574394**

Amount of Each Receipt this Period  
14.58

Full Name (Last, First, Middle Initial)  
**B. Dr. Marcella McKay Ph.D.**

Mailing Address 322 Helmsley Drive

City State Zip Code  
Brandon MS 39047-8159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Hospital Association VP Nursing/CEO MHA Health, Research &

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574406**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Charles L. Harrison**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
Madison MS 39110-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Hospital Association Executive Director, MHEFA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574407**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **514.58**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Steve Dickson**

Mailing Address P.O. Box 1909

City State Zip Code  
Madison MS 39130-1909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Hospital Association President/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574408**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City State Zip Code  
Starkville MS 39760-1506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OCH Regional Medical Center Administrator and Chief Executive Offi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574410**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael R Edwards**

Mailing Address P O Box 259

City State Zip Code  
Morton MS 39117-0259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Scott Regional Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : 20574419**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Jennifer E. Mallard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 Pennsylvania Ave, NW  
 Suite 400  
 City Washington State DC Zip Code 20004-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Director Federal Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574623**  
 Amount of Each Receipt this Period  
**500.00**

**B. Mr. Lawrence J Massa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue West, Suite  
 City Saint Paul State MN Zip Code 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2620.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574624**  
 Amount of Each Receipt this Period  
**700.00**

**C. Mr. Ben Peltier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 Suite 350-S  
 City Saint Paul State MN Zip Code 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1020.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574627**  
 Amount of Each Receipt this Period  
**269.29**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1469.29</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Joe Schindler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Vice President, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **519.98**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : 20574645**

Amount of Each Receipt this Period **134.61**

**B. Mr. Mark Sonneborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City Saint Paul State MN Zip Code 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Vice President of Information Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : 20574646**

Amount of Each Receipt this Period **140.00**

**C. Ms. Peggy Westby**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.  
Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : 20574648**

Amount of Each Receipt this Period **134.61**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>409.22</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Matthew Anderson JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 City State Zip Code  
 Saint Paul MN 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Minnesota Hospital Association Vice Pres, Regulatory/Strategic Affair  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574658**  
 Amount of Each Receipt this Period  
 269.29

**B. Ms. Stacy Barstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 Fifth Street East  
 City State Zip Code  
 Tracy MN 56175-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sanford Westbrook Medical Center Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574659**  
 Amount of Each Receipt this Period  
 55.00

**C. Ms. Wendy Burt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 Suite 350-S  
 City State Zip Code  
 Saint Paul MN 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Minnesota Hospital Association Vice President, Communications & Publi  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574675**  
 Amount of Each Receipt this Period  
 94.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 418.51  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Tania Daniels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 City Saint Paul State MN Zip Code 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574676**  
 Amount of Each Receipt this Period  
 134.61

**B. Ms. Ann Gibson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W. Suite 350-S  
 City Saint Paul State MN Zip Code 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Director, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574678**  
 Amount of Each Receipt this Period  
 184.17

**C. Ms. Kristin Loncorich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W. Suite 350-S  
 City Saint Paul State MN Zip Code 55114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Director of State Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20574681**  
 Amount of Each Receipt this Period  
 134.61

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	453.39
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Cynthia Blair**

Mailing Address 7935 Preservation Road

City State Zip Code  
Tallahassee FL 32312-6766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tallahassee Memorial HealthCare Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585002**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr Michael Lawton**

Mailing Address P.O. Box 103574

City State Zip Code  
Gainesville FL 32610-3574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shands HealthCare VP Managed Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585003**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Ellen Anderson**

Mailing Address 121 N Monroe St  
Unit 1401

City State Zip Code  
Tallahassee FL 32301-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Florida Hospital Association Director of Advocacy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585004**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Peter Bath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17916 Sheltered Ridge Lane  
 City Tampa State FL Zip Code 33647-3115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Tampa (AHS) Occupation Vice President Mission  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585006**  
 Amount of Each Receipt this Period  
 125.00

**B. Ms. Audrey Moran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9356 River Pine Rd  
 City Jacksonville State FL Zip Code 32257-4929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Occupation Senior Vice President Social Repsonsib  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585007**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Jason H Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Miccosukee Road  
 City Tallahassee State FL Zip Code 32308-5054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallahassee Memorial HealthCare Occupation Vice President and Chief Operating Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : 20585009**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John R. Brownlow**  
Full Name (Last, First, Middle Initial)

Mailing Address 5608 Bear Lake Circle

City Apopka State FL Zip Code 32703-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Hospital Occupation Sr. Vice President, Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : 20585010**

Amount of Each Receipt this Period  
 250.00

**B. Dr. William Ferniany PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 Queensberry Crescent

City Mountain Brk State AL Zip Code 35223-2906

FEC ID number of contributing federal political committee. **C**

Name of Employer UAB Health System Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : 20585014**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. Michael Lisenby MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Pepperell Parkway

City Opelika State AL Zip Code 36801-5452

FEC ID number of contributing federal political committee. **C**

Name of Employer East Alabama Medical Center Occupation Vice President and Chief Medical Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : 20585015**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Christopher Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 13045 Sawyer Drive

City	State	Zip Code
Opelika	AL	36801

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
East Alabama Medical Center	Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : 20585018**

Amount of Each Receipt this Period  
1000.00

**B. Ms. Laura D Grill BSN, RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Pepperell Parkway

City	State	Zip Code
Opelika	AL	36801-5422

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
East Alabama Medical Center	Executive Vice President and Administr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : 20585020**

Amount of Each Receipt this Period  
1000.00

**C. Mr. Gregory A. Nichols CHFM**  
Full Name (Last, First, Middle Initial)

Mailing Address 22136 Veterans Memorial Pkwy

City	State	Zip Code
Lafayette	AL	36862-3022

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
East Alabama Medical Center	Assistant Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : 20585021**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dennis Thrasher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2190 Springwood Drive  
 City Auburn State AL Zip Code 36830-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Alabama Medical Center Occupation Asst. Vice President/Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585022**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mrs. Roben H Nutter MBA, CPHQ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Pepperell Parkway  
 City Opelika State AL Zip Code 36801-5452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Alabama Medical Center Occupation Assistant Vice President and General C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585023**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Sam Price**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Pepperell Parkway  
 City Opelika State AL Zip Code 36802-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Alabama Medical Center Occupation Executive Vice President Finance/Chief  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585024**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Jane M. Fullum**

Mailing Address 839 Millers Point Rd

City Auburn State AL Zip Code 36830-7628

FEC ID number of contributing federal political committee. **C**

Name of Employer East Alabama Medical Center Occupation Asst. Vice President Patient Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585027**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sarah T. Gray**

Mailing Address 3010 Pheasant Dr

City Opelika State AL Zip Code 36801-3363

FEC ID number of contributing federal political committee. **C**

Name of Employer East Alabama Medical Center Occupation Assistant Vice President/Information T

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585028**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Laura W. Bell**

Mailing Address 8897 Tara Lane

City Auburn State AL Zip Code 36830-8247

FEC ID number of contributing federal political committee. **C**

Name of Employer East Alabama Medical Center Occupation Asst. Vice President/ Quality Manageme

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585030**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Barry S Cochran FACHE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Drawer 710

City Fayette	State AL	Zip Code 35555-0710
FEC ID number of contributing federal political committee. C		
Name of Employer Fayette Medical Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : 20585031**  
Amount of Each Receipt this Period  
700.00

**B. Ms. Kelli Powers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 605 S. 4th Street

City Lanett	State AL	Zip Code 36863-2409
FEC ID number of contributing federal political committee. C		
Name of Employer Athens-Limestone Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : 20585032**  
Amount of Each Receipt this Period  
350.00

**C. Mr. Christopher B Griffin**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 908

City Brewton	State AL	Zip Code 36427-0908
FEC ID number of contributing federal political committee. C		
Name of Employer D. W. McMillan Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : 20585033**  
Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Tom R McDougal Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 995 Ninth Avenue SW  
 City Bessemer State AL Zip Code 35022-4527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical West Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585034**  
 Amount of Each Receipt this Period  
 312.00

**B. Mr. Dean A Griffin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2239  
 City Decatur State AL Zip Code 35609-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Decatur General Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585036**  
 Amount of Each Receipt this Period  
 300.00

**C. Mr. Glenn C Sisk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 West Hickory Street  
 City Sylacauga State AL Zip Code 35150-2913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coosa Valley Medical Center Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585037**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	912.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Teresa G Grimes**

Mailing Address P O Box 428

City Jackson State AL Zip Code 36545-0428

FEC ID number of contributing federal political committee. **C**

Name of Employer Troy Regional Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585038**

Amount of Each Receipt this Period  
 294.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Todd S Kennedy**

Mailing Address 50 Medical Park East Drive

City Birmingham State AL Zip Code 35235-9987

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Hospital Occupation Executive Vice President and Chief Ope

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585039**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Joe B Riley**

Mailing Address 525 Towne Lake Drive

City Montgomery State AL Zip Code 36117-6025

FEC ID number of contributing federal political committee. **C**

Name of Employer Jackson Hospital and Clinic Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585040**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 794.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Andrew J Hetrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1069 Center Springs Rd  
 City Somerville State AL Zip Code 35670-4225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Decatur General Hospital Occupation Executive Director Surgery Center  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585044**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. John D. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 Court Road  
 City Winfield State AL Zip Code 35594-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marshall Medical Center South Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585045**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Charles A Faulkner FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 West Maple Avenue  
 City Geneva State AL Zip Code 36340-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wiregrass Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585046**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Nina Dusang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11485 April Sound Drive  
 City Northport State AL Zip Code 35475-3334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DCH Health System Occupation Vice President Finance and Chief Finan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585047**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Richard E Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1725 Pine Street  
 City Montgomery State AL Zip Code 36106-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Hospital and Clinic Occupation Vice President Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585048**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Sharon A Goodison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 SE 80th St  
 City Ocala State FL Zip Code 34480-6196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jackson Hospital and Clinic Occupation Vice President Patient Care Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585100**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms Janet McQueen**

Mailing Address 505 Cloverdale Rd

City State Zip Code  
Montgomery AL 36106-1874

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jackson Hospital and Clinic VP of Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20585101**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Kimberly A. Champi Krenik**

Mailing Address 605 Upland Place

City State Zip Code  
Alexandria VA 22301-2743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association Director, Federal Legislative Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600930**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City State Zip Code  
Langhorne PA 19047-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association Vice President, Human Resources

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600933**

Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1452.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John J. Dawidowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Brookshire Drive  
 City Robbinsville State NJ Zip Code 08691-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President & General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1265.25

Date of Receipt 12 / 21 / 2012  
**Transaction ID : 20600934**  
 Amount of Each Receipt this Period 2.00

**B. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.50

Date of Receipt 12 / 21 / 2012  
**Transaction ID : 20600938**  
 Amount of Each Receipt this Period 4.00

**C. Mr. Leslie D Hirsch FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 MacKenzie Lane North  
 City Denville State NJ Zip Code 07834-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Clare's Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1097.53

Date of Receipt 12 / 21 / 2012  
**Transaction ID : 20600943**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 26.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Sean J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6180 Lower Mountain Road  
 City State Zip Code  
 New Hope PA 18938-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Sr. VP., Health Economics  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1874.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600944**  
 Amount of Each Receipt this Period  
 6.08

**B. Mr. William D. Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 North Valley Road  
 City State Zip Code  
 Malvern PA 19355-9796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Senior Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1261.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600949**  
 Amount of Each Receipt this Period  
 2.00

**C. Mr. David P. Lavins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Fox Chase Road  
 City State Zip Code  
 Malvern PA 19355-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Jersey Hospital Association Chief Financial Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 218.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600953**  
 Amount of Each Receipt this Period  
 2.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10.08  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City State Zip Code  
Princeton NJ 08540-6305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600954**

Amount of Each Receipt this Period  
2.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Randall J. Minniear**

Mailing Address 3901 Worthington Court

City State Zip Code  
Freehold NJ 7728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association Senior VP, Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1636.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : 20600962**

Amount of Each Receipt this Period  
2.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Dawn Ahner**

Mailing Address 77 Pringle Way

City State Zip Code  
Reno NV 89502-1474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renown Rehabilitation Hospital Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20608771**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 504.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Dr. Steven Hester MD**

Mailing Address P O Box 35070

City State Zip Code  
Louisville KY 40232-5070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Norton Suburban Hospital Vice President Medical Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20608772**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert F Letson**

Mailing Address 4300 Bartlett Street

City State Zip Code  
Homer AK 99603-7005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
South Peninsula Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20608780**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Caroline Matthews**

Mailing Address 777 Bannock Street

City State Zip Code  
Denver CO 80204-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Denver Health Medical Center First Vice Chair, Board of Directors

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20608903**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Annie Holt**

Mailing Address P O Box 143889

City Anchorage State AK Zip Code 99514-3889

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Regional Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609047**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert E Simpson Jr. MPH**

Mailing Address P O Box 803

City Brattleboro State VT Zip Code 05302-0803

FEC ID number of contributing federal political committee. **C**

Name of Employer Brattleboro Retreat Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609048**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Melinda Hancock**

Mailing Address 6998 Rotherham Dr.

City Mechanicsville State VA Zip Code 23116-4826

FEC ID number of contributing federal political committee. **C**

Name of Employer Bon Secours-Richmond Community Hospita Occupation Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609050**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Dr. Rulon F Stacey PhD, FACHE**  
 Mailing Address 2315 East Harmony Road, Suite 200  
 City State Zip Code  
 Fort Collins CO 80528-8620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Colorado Health Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609051**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Christopher S. Bailey**  
 Mailing Address 2814 Northlake Drive  
 City State Zip Code  
 Richmond VA 23233-3320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Virginia Hospital & Healthcare Associa Senior Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609052**  
 Amount of Each Receipt this Period  
 350.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Mark Lawrence**  
 Mailing Address P O Box 13727  
 City State Zip Code  
 Roanoke VA 24036-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carilion Medical Center Vice President Governmental Affairs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609053**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr Mark Pierce MD**

Mailing Address 1856 Zion Church Rd

City State Zip Code  
Maurertown VA 22644-2808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Warren Memorial Hospital Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609054**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City State Zip Code  
Langhorne PA 19047-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association Vice President, Human Resources

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
317.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609062**

Amount of Each Receipt this Period  
1.00

Full Name (Last, First, Middle Initial)  
**C. Mr. John J. Dawidowski**

Mailing Address 17 Brookshire Drive

City State Zip Code  
Robbinsville NJ 08691-2554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Jersey Hospital Association Vice President & General Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1266.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609063**

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 352.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Theresa L. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Harvest Lane  
 City Livingston State NJ Zip Code 07039-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Vice President Continuing Care Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.50

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20609066**  
 Amount of Each Receipt this Period 1.00

**B. Mr. Sean J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6180 Lower Mountain Road  
 City New Hope State PA Zip Code 18938-5760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.63

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20609068**  
 Amount of Each Receipt this Period 1.00

**C. Mr. William D. Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 North Valley Road  
 City Malvern State PA Zip Code 19355-9796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1262.50

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20609069**  
 Amount of Each Receipt this Period 1.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 3.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David P. Lavins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Fox Chase Road  
 City Malvern State PA Zip Code 19355-3441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609071**  
 Amount of Each Receipt this Period  
 1.00

**B. Ms. Sarah Lechner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Alexander Road  
 City Princeton State NJ Zip Code 08540-6305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609072**  
 Amount of Each Receipt this Period  
 1.00

**C. Mr. Randall J. Minniear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Worthington Court  
 City Freehold State NJ Zip Code 7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Hospital Association Occupation Senior VP, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1637.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20609074**  
 Amount of Each Receipt this Period  
 1.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Greg M. Gillespie**

Mailing Address 5803 Woodstock Ave

City Lincoln State NE Zip Code 68512-1840

FEC ID number of contributing federal political committee. **C**

Name of Employer Good Samaritan Hospital Occupation Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20609086**

Amount of Each Receipt this Period  
 350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert J Lanik**

Mailing Address 6520 Ponderosa Cir

City Lincoln State NE Zip Code 68510-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Community Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20609087**

Amount of Each Receipt this Period  
 350.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Gregory A Hurst**

Mailing Address 2001 Peachtree Road NE, Suite 400

City Atlanta State GA Zip Code 30309-1476

FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Healthcare Occupation President Finance and Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : 20609095**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. John T Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 3392 Woodhaven Road, NW

City Atlanta State GA Zip Code 30305-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory Healthcare Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2012

**Transaction ID : 20609099**

Amount of Each Receipt this Period 250.00

**B. Mr. Michael Graue**  
Full Name (Last, First, Middle Initial)

Mailing Address 1950 Barrett Lakes Blvd. Number 1112

City Kennesaw State GA Zip Code 30144-7556

FEC ID number of contributing federal political committee. **C**

Name of Employer WellStar Health System Occupation Executive Vice President/Chief Operati

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2012

**Transaction ID : 20609100**

Amount of Each Receipt this Period 250.00

**C. Mr. William T Richardson**  
Full Name (Last, First, Middle Initial)

Mailing Address 302 West 24th Street

City Tifton State GA Zip Code 31794-2808

FEC ID number of contributing federal political committee. **C**

Name of Employer Tift Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 27 / 2012

**Transaction ID : 20609101**

Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Claus von Zychlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6136 Grey Friar Way  
City State Zip Code  
Dublin OH 43017-8803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mount Carmel President and Chief Executive Officer  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : 20610543**  
Amount of Each Receipt this Period  
500.50

**B. Mr. Jonathan Archey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 East Broad Street  
City State Zip Code  
Columbus OH 43215-3626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Ohio Hospital Association Federal Relations Director  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : 20610544**  
Amount of Each Receipt this Period  
350.00

**C. Ms. Janet L Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11100 Euclid Avenue  
City State Zip Code  
Cleveland OH 44106-5000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
University Hospitals Case Medical Cent Chief Legal Officer  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : 20610546**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Ronald Fovargue**

Mailing Address 2320 Keystone Court

City Naperville State IL Zip Code 60565-5302

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610552**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Kamala Ghaey**

Mailing Address 219 Central Avenue

City Chicago State IL Zip Code 60630

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Illinois Masonic Medical Cent Occupation Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610553**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Joe Holler**

Mailing Address P O Box 3015

City Naperville State IL Zip Code 60566-7015

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610559**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 174
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Robert Crosby**

Mailing Address 242 Green Street

City Gardner	State MA	Zip Code 01440-1336
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Heywood Hospital	Occupation Senior Vice President and Chief Financ
--------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : 20610564**

Amount of Each Receipt this Period  
**112.50**

Full Name (Last, First, Middle Initial)  
**B. Mr. Kevin Whitney RN, MA, NE**

Mailing Address 261 Pine Hill Rd

City Chelmsford	State MA	Zip Code 01824-1904
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Massachusetts General Hospital	Occupation Assoc Chief Nurse/Patient Care Service
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **612.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : 20610566**

Amount of Each Receipt this Period  
**262.50**

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael Murphy**

Mailing Address 72 Fox Run Rd

City Bolton	State MA	Zip Code 01740-2006
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Marlborough Hospital	Occupation Board Member
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : 20610567**

Amount of Each Receipt this Period  
**375.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Gary L Gottlieb MD, MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Boylston Street, Suite 1150  
 City Boston State MA Zip Code 02199-8123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Partners HealthCare System, Inc. Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610571**  
 Amount of Each Receipt this Period  
 1125.00

**B. Ms. Rose Kavalchuck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 Maples Street  
 City Winchendon State MA Zip Code 01475-2248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heywood Hospital Occupation V.P. Quality Sys. & Prof. Srvcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610572**  
 Amount of Each Receipt this Period  
 112.50

**C. Ms. Tina Santos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Scenic View Drive  
 City Pelham State NH Zip Code 03076-3271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heywood Hospital Occupation VP Patient Care & CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610574**  
 Amount of Each Receipt this Period  
 112.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy J Walsh**

Mailing Address P O Box 1477

City State Zip Code  
Oak Bluffs MA 02557-1477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martha's Vineyard Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610575**

Amount of Each Receipt this Period  
562.50

Full Name (Last, First, Middle Initial)  
**B. Ms. Patricia B. McMullin Esq.**

Mailing Address 330 Brookline Avenue

City State Zip Code  
Boston MA 02215-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Beth Israel Deaconess Medical Center Director of Intergovernmental Relation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20610576**

Amount of Each Receipt this Period  
262.50

Full Name (Last, First, Middle Initial)  
**c. Mr. Roger S John**

Mailing Address P O Box 366

City State Zip Code  
Phillipsburg KS 67661-0366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Great Plains Health Alliance, Inc. President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610581**

Amount of Each Receipt this Period  
625.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Fred J. Lucky**

Mailing Address 14607 W 89

City Lenexa      State KS      Zip Code 66215-2967

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Hospital Association      Occupation Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **796.11**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610582**

Amount of Each Receipt this Period  
**175.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Michael P Thomas**

Mailing Address P O Box 820

City Meade      State KS      Zip Code 67864-0820

FEC ID number of contributing federal political committee. **C**

Name of Employer Meade District Hospital      Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **627.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610584**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Robin Virgin**

Mailing Address 12310 NE 21st Street

City Vancouver      State WA      Zip Code 98684-5510

FEC ID number of contributing federal political committee. **C**

Name of Employer PeaceHealth Southwest Medical Center      Occupation Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610590**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **775.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John R White**

Mailing Address 801 East Wheeler Road

City State Zip Code  
Moses Lake WA 98837-1820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Klickitat Valley Health Chief Executive Officer and Superinten

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 28 / 2012  
**Transaction ID : 20610591**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Gladys M. Campbell**

Mailing Address 2220 NW Aspen Avenue

City State Zip Code  
Portland OR 97210-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwest Organization of Nurse Execut Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 28 / 2012  
**Transaction ID : 20610592**

Amount of Each Receipt this Period  
325.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Sarah Patterson**

Mailing Address P O Box 900

City State Zip Code  
Seattle WA 98111-0900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virginia Mason Medical Center Executive Vice President and Chief Ope

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 28 / 2012  
**Transaction ID : 20610593**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **825.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Raymond Dusman, M.D.**

Mailing Address 2109 Turnberry Lane

City State Zip Code  
Fort Wayne IN 46814-9394

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Parkview Health Chief Physician Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610604**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Shawn W McCoy**

Mailing Address 416 S. Roosevelt Dr.

City State Zip Code  
Evansville IN 47714-1630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Deaconess Health System Chief Administrative Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610618**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Carl W. Risk II**

Mailing Address 2479 Woods Edge Drive

City State Zip Code  
Madison IN 47250-2389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Vincent Jennings Hospital Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610624**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mrs. Bernice C. Ulrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4655 Running Brook Terrace  
 City State Zip Code  
 Greenwood IN 46143-9255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Hospital Association Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610634**  
 Amount of Each Receipt this Period  
 500.00

**B. Katherine Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10655 West 650 South  
 City State Zip Code  
 Columbus IN 47201-8476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Hospital Association Director Performance Improvement  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610635**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Cathleen A. Arnold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 West 77th St. South Drive  
 City State Zip Code  
 Indianapolis IN 46260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Hospital Association Director Member Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610636**  
 Amount of Each Receipt this Period  
 175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Betsy Lee RN, MSPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 E. Carmel Dr.  
 City Carmel State IN Zip Code 46033-4316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Hospital Association Occupation Director, Indiana Patient Safety Cente  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20610637**  
 Amount of Each Receipt this Period  
 175.00

**B. Mr. Melvyn Patashnick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 Washington Highway  
 City Morrisville State VT Zip Code 05661-8973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Copley Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621369**  
 Amount of Each Receipt this Period  
 350.00

**C. Mr. Edmond R. Jordan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Graylyn Drive  
 City Anderson State SC Zip Code 29621-1985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AnMed Health Medical Center Occupation Director of Urgent Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621390**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Thomas C Dandridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 St Matthews Road  
 City Orangeburg State SC Zip Code 29118-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regional Medical Center Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621391**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Douglas Bowling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 Watercrest Lane  
 City Johns Island State SC Zip Code 29455-3108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roper Hospital Occupation Vice President of System Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621392**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Allen P Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2095 Henry Tecklenburg Drive  
 City Charleston State SC Zip Code 29414-5733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Francis Xavier Hospita Occupation Senior Vice President and Chief Execut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621393**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. David L. Dunlap FACHE**

Mailing Address 125 Doughty Street  
Suite 760

City Charleston State SC Zip Code 29403-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621394**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Matthew J Severance FACHE**

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621395**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. John Sullivan**

Mailing Address 316 Calhoun Street

City Charleston State SC Zip Code 29401-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Vice President Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621418**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bret Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012
Mailing Address 316 Calhoun Street		<b>Transaction ID : 20621419</b>
City Charleston	State SC	Zip Code 29401-1113
FEC ID number of contributing federal political committee.	C	
Name of Employer Bon Secours St. Francis Xavier Hospita	Occupation Chief Financial Officer	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. J Thornton Kirby</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012
Mailing Address 1000 Center Point Road		<b>Transaction ID : 20621420</b>
City Columbia	State SC	Zip Code 29210-5802
FEC ID number of contributing federal political committee.	C	
Name of Employer South Carolina Hospital Association	Occupation President & CEO	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Allan Stalvey</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012
Mailing Address 900 Gregg Street		<b>Transaction ID : 20621421</b>
City Columbia	State SC	Zip Code 29201-3913
FEC ID number of contributing federal political committee.	C	
Name of Employer South Carolina Hospital Association	Occupation Senior Vice President	Amount of Each Receipt this Period 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Charles D Beaman Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 2266  
 City Columbia State SC Zip Code 29202-2266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palmetto Health Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621422**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Jay Cox FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 Summit Drive  
 City Sumter State SC Zip Code 29150-1771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tuomey Healthcare System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621423**  
 Amount of Each Receipt this Period  
 550.00

**C. Mr. Robert L Colones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 100551  
 City Florence State SC Zip Code 29502-0551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McLeod Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621618**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 174  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James A Pfeiffer FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Spring Street  
 City Greenwood State SC Zip Code 29646-3860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Regional Healthcare Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621619**  
 Amount of Each Receipt this Period  
 500.00

**B. Mrs. Camie Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Ashford Place  
 City Greenwood State SC Zip Code 29646-9268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Regional Healthcare Occupation Senior Vice President and Chief Operat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621620**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. John A Miller Jr FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Spring Back Way  
 City Anderson State SC Zip Code 29621-2676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AnMed Health Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621621**  
 Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark S Nantz FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One St Francis Drive  
 City Greenville State SC Zip Code 29601-3999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Francis Health System Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621622**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Ziad Mattar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Southgate Dr  
 City Camden State SC Zip Code 29020-9278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KershawHealth Occupation Chair, Critical Care Committee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621623**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Brian Brezosky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Post Office Box 436620  
 City Louisville State KY Zip Code 40253-6620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kentucky Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621636**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 174  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Elizabeth G. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 436629  
 City State Zip Code  
 Louisville KY 40205-3033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kentucky Hospital Association Director of Health Policy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621637**  
 Amount of Each Receipt this Period  
 250.00

**B. Ms. Kim J. Dees**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Nelson Miller Parkway  
 Post Office Box 436629  
 City State Zip Code  
 Louisville KY 40223-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kentucky Hospital Association Executive Dir, Center for Health Care  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621638**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Paige Franklin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 Kaelin Drive  
 City State Zip Code  
 Louisville KY 40207-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kentucky Hospital Association Vice President, Information Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621639**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 174  
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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Nancy C. Galvagni**

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code  
Louisville KY 40223-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20621640**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Stephen P. Miller**

Mailing Address 1101 Cardinal Drive

City State Zip Code  
Louisville KY 40253-6629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20621641**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Sarah S. Nicholson**

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code  
Louisville KY 40223-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Vice President, Government Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20621642**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Debbie Riley**

Mailing Address 502 Trotwood Place

City State Zip Code  
Louisville KY 40245-4071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621643**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Carol J. Walters**

Mailing Address Post Office Box 436629

City State Zip Code  
Louisville KY 40253-6629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621644**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Charles J. Warnick**

Mailing Address 120 Hilltop Meadow

City State Zip Code  
Frankfort KY 46001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kentucky Hospital Association Director of Planning

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20621645**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Robert L Ramey**  
Full Name (Last, First, Middle Initial)

Mailing Address 153 Dowell Road

City Russell Springs State KY Zip Code 42642-4579

FEC ID number of contributing federal political committee. **C**

Name of Employer Russell County Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20621646**

Amount of Each Receipt this Period  
 300.00

**B. Ms. Anne Jamieson FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 Borthwick Avenue

City Portsmouth State NH Zip Code 03801-7128

FEC ID number of contributing federal political committee. **C**

Name of Employer Portsmouth Regional Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : 20622054**

Amount of Each Receipt this Period  
 350.00

**c. Mr. Harry G Dorman III FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Mascoma Street

City Lebanon State NH Zip Code 03766-2647

FEC ID number of contributing federal political committee. **C**

Name of Employer Alice Peck Day Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : 20622055**

Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Scott W Howe**

Mailing Address 173 Middle Street

City Lancaster State NH Zip Code 03584-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Weeks Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20622057**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Warren K West FACHE**

Mailing Address 600 Saint Johnsbury Road

City Littleton State NH Zip Code 03561-3442

FEC ID number of contributing federal political committee. **C**

Name of Employer Littleton Regional Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20622058**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Henry D Lipman**

Mailing Address 80 Highland Street

City Laconia State NH Zip Code 03246-3235

FEC ID number of contributing federal political committee. **C**

Name of Employer Lakes Region General Hospital Occupation Senior Vice President, Financial Strat

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20622067**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1200.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andrew Patterson</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : 20622068</b>
Mailing Address 80 Highland Street		Amount of Each Receipt this Period 500.00
City Laconia	State NH	Zip Code 03246-3235
FEC ID number of contributing federal political committee. C	Name of Employer LRGHealthcare	Occupation Director, Contracting & Corp. Complan
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stephen J LeBlanc</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : 20622069</b>
Mailing Address One Medical Center Drive		Amount of Each Receipt this Period 350.00
City Lebanon	State NH	Zip Code 03756-1000
FEC ID number of contributing federal political committee. C	Name of Employer Dartmouth-Hitchcock Medical Center	Occupation Chief Operating Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott K. McKinnon</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : 20622070</b>
Mailing Address PO Box 1202		Amount of Each Receipt this Period 350.00
City Glen	State NH	Zip Code 03838-1202
FEC ID number of contributing federal political committee. C	Name of Employer Memorial Hospital	Occupation President and CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Peter L Gosline**

Mailing Address 452 Old Street Road

City State Zip Code  
Peterborough NH 03458-1295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Monadnock Community Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20622071**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Thomas Clairmont**

Mailing Address 80 Highland Street

City State Zip Code  
Laconia NH 03246-3235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lakes Region General Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : 20622072**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Antonio Coletta**

Mailing Address 2105 Currant Court

City State Zip Code  
Bloomington IL 61704-2717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate BroMenn Medical Center Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622106**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Thomas Lubotsky**

Mailing Address 6658 Winston Lane

City Solon                      State OH                      Zip Code 44139-4694

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care                      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20622109**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Brian Reardon**

Mailing Address 58 Glen Eagle Drive

City Springfield                      State IL                      Zip Code 62246-1156

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital Sisters Health System                      Occupation System Director of Communications & PR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20622112**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Mary Treacy Shiff**

Mailing Address 682 Brooklyn Drive

City Aurora                      State IL                      Zip Code 60502-9038

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Chicago-Central Hospital                      Occupation Chief Financial Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : 20622113**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Randy A. Varju**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 Ridgefield Road

City New Lenox State IL Zip Code 60451-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Health Care Occupation Chief Development Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20622114**

Amount of Each Receipt this Period  
 250.00

**B. Ms. Maryjane Wurth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563-9339

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20622115**

Amount of Each Receipt this Period  
 1000.00

**C. Mr. Danny Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 North Oak Park Avenue

City Oak Park State IL Zip Code 60302-2189

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Hospital Association Occupation VP, Corporate Communications & Marketi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012

**Transaction ID : 20622116**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Barbara J Martin RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2615 Washington Street  
 City Waukegan State IL Zip Code 60085-4980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vista Medical Center East Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622117**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Alan H Channing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 South California Avenue  
 City Chicago State IL Zip Code 60608-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Schwab Rehabilitation Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622118**  
 Amount of Each Receipt this Period  
 700.00

**C. Mr. Edgar J Curtis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 North First Street  
 City Springfield State IL Zip Code 62781-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622119**  
 Amount of Each Receipt this Period  
 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 174
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dolan Dalpoas**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 8th Street

City Lincoln State IL Zip Code 62656-2671

FEC ID number of contributing federal political committee. **C**

Name of Employer Abraham Lincoln Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622120**

Amount of Each Receipt this Period 700.00

**B. Mr. Kevin R. England**  
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Grist Mill Drive

City Springfield State IL Zip Code 62711-8113

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Health System Occupation Vice President, Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622121**

Amount of Each Receipt this Period 300.00

**c. Dr. James C Leonard , M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 611 West Park Street

City Urbana State IL Zip Code 61801-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Carle Foundation Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622122**

Amount of Each Receipt this Period 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 174
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Larry Schumacker**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 19456

City Springfield State IL Zip Code 62794-9456

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital Sisters Health System Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622123**

Amount of Each Receipt this Period 700.00

**B. Mr. Patrick M Magoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Children's Plaza

City Chicago State IL Zip Code 60614-3394

FEC ID number of contributing federal political committee. **C**

Name of Employer Ann & Robert H. Lurie Children's Hospi Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622124**

Amount of Each Receipt this Period 1000.00

**C. Mr. Anthony A Armada**  
Full Name (Last, First, Middle Initial)

Mailing Address 1775 Dempster Street

City Park Ridge State IL Zip Code 60068-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Lutheran General Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622125**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 174
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Harry Wolin**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 530

City Havana State IL Zip Code 62644-0530

FEC ID number of contributing federal political committee. **C**

Name of Employer Mason District Hospital Occupation Administrator and Chief Executive Offi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622129**

Amount of Each Receipt this Period  
300.00

**B. Mr. Edward Andersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East LeFevre Road

City Sterling State IL Zip Code 61081-1279

FEC ID number of contributing federal political committee. **C**

Name of Employer CGH Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622135**

Amount of Each Receipt this Period  
400.00

**C. Mr. Douglas J. Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4344

City Rockford State IL Zip Code 61110-0844

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockford Memorial Hospital Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622136**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Natalie Marquez**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Stahlhut Drive

City Lincoln State IL Zip Code 62656-5066

FEC ID number of contributing federal political committee. **C**

Name of Employer Abraham Lincoln Memorial Hospital Occupation Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622137**

Amount of Each Receipt this Period 1200.00

**B. Mr. Jonathan R. Bruss**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 W 061 Kensington Drive

City Warrenville State IL Zip Code 60555

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Samaritan Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622145**

Amount of Each Receipt this Period 800.00

**C. Mr. David S Fox**  
Full Name (Last, First, Middle Initial)

Mailing Address 3815 Highland Avenue

City Downers Grove State IL Zip Code 60515-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Good Samaritan Hospital Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : 20622302**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Vincent Bufalino**

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate Health Care Senior Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622304**

Amount of Each Receipt this Period  
800.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Lee Sacks MD**

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate Health Care Executive Vice President and Chief Med

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622305**

Amount of Each Receipt this Period  
800.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Charles Derus MD**

Mailing Address 2025 Windsor Drive

City State Zip Code  
Oak Brook IL 60523-1586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate Good Samaritan Hospital Vice President Medical Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622306**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dominic Nakis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2268 River Woods Drive  
 City Naperville State IL Zip Code 60565-6351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Health Care Occupation Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622307**  
 Amount of Each Receipt this Period  
 800.00

**B. Mr. Kevin R Brady**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1525 Hillcrest Road  
 City Downers Grove State IL Zip Code 60516-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Health Care Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622309**  
 Amount of Each Receipt this Period  
 800.00

**C. Mr. George Teufel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 West Highway 22  
 City Barrington State IL Zip Code 60010-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Good Shepherd Hospital Occupation Vice President Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : 20622312**  
 Amount of Each Receipt this Period  
 240.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1840.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Kevin Massey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1775 Dempster Street

City Park Ridge State IL Zip Code 60068-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate Lutheran General Hospital Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622313**

Amount of Each Receipt this Period  
240.00

**B. Mr. Antonio Coletta**  
Full Name (Last, First, Middle Initial)

Mailing Address 2105 Currant Court

City Bloomington State IL Zip Code 61704-2717

FEC ID number of contributing federal political committee. **C**

Name of Employer Advocate BroMenn Medical Center Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622314**

Amount of Each Receipt this Period  
200.00

**C. Ms. Mary Treacy Shiff**  
Full Name (Last, First, Middle Initial)

Mailing Address 682 Brooklyn Drive

City Aurora State IL Zip Code 60502-9038

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Chicago-Central Hospital Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : 20622315**

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 680.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Philip Sprinkle II**

Mailing Address 30 Ivan Allen, Jr. Blvd. NW  
Suite 700

City Atlanta State GA Zip Code 30308-3036

FEC ID number of contributing federal political committee. **C**

Name of Employer Balch & Bingham, LLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : 20727763**

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Cavender Kimble**

Mailing Address 1901 Sixth Avenue North  
Suite 1500

City Birmingham State AL Zip Code 35203-4642

FEC ID number of contributing federal political committee. **C**

Name of Employer Balch & Bingham, LLP Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : 20727764**

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR1045726227512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.19

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David Schulke**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation VP Research Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR1057462127512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Sarah B. Macchiarola**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR1082532727512**

Amount of Each Receipt this Period  
40.19

P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Barbara Jellen**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR1113464227512**

Amount of Each Receipt this Period  
40.19

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.57

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Lisa Allen**

Mailing Address One North Franklin

City Chicago      State IL      Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago      Occupation Sr. Vice President, Chief Human Resour

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR1118928227512**

Amount of Each Receipt this Period  
 40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Mary Meadows**

Mailing Address One North Franklin

City Chicago      State IL      Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago      Occupation Director of Professional Practice, AON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR1260472927512**

Amount of Each Receipt this Period  
 40.19

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City Chicago      State IL      Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago      Occupation Vice President & CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR1347703627512**

Amount of Each Receipt this Period  
 57.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► **137.86**

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Susan Gergely**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Director of Operations, AONE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : PR1347791027512**

Amount of Each Receipt this Period **40.19**

P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Heather Drevna**  
Full Name (Last, First, Middle Initial)

Mailing Address 3205 Ravensworth PL

City Alexandria State VA Zip Code 22302-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Member Communica

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : PR1348169727512**

Amount of Each Receipt this Period **40.19**

P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Sharon Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 North Wacker Drive

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Membership and Marketing Manager ASHHR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : PR1474886227512**

Amount of Each Receipt this Period **40.19**

P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.57</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kimberly Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Director Travel Meeting Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1590809127512**  
Amount of Each Receipt this Period **40.19**  
P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Robert Kehoe**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Associate Publisher Vertical Magazines  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1625368327512**  
Amount of Each Receipt this Period **40.19**  
P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Stephen Hines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 North Wacker Drive  
City Chicago State IL Zip Code 60606-1709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation VP, Research HRET  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR1648726627512**  
Amount of Each Receipt this Period **40.19**  
P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **120.57**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik Rasmussen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR1819487927512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 115.19
City Washington State DC Zip Code 20004-2801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) <b>B. Ms. Aimee Hartlage</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR1877582327512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 40.19
City Washington State DC Zip Code 20004-2801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Fed. Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Full Name (Last, First, Middle Initial) <b>C. Ms. Shari Dexter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR1878189827512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48
City Washington State DC Zip Code 20004-2801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	212.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Evelyn Knolle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 City Washington State DC Zip Code 20004-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1913190727512**  
 Amount of Each Receipt this Period 83.30  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Janet Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 North Wacker Drive  
 City Chicago State IL Zip Code 60606-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1937843127512**  
 Amount of Each Receipt this Period 62.36  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Diane Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1943461527512**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 445.66  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 136 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Linda Fishman**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR327629127512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Michael P. McCue**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR327771627512**

Amount of Each Receipt this Period  
57.48

P/R Deduction (\$57.70 Bi-Weekly)

**C. Ms. Suzanne R. Sonik**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR32777227512**

Amount of Each Receipt this Period  
58.94

P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City State Zip Code  
Oak Park IL 60304-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Vice President, Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
**Transaction ID : PR32777827512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Mr. Neil J. Jesuele**

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : PR327801727512**

Amount of Each Receipt this Period  
57.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
**Transaction ID : PR327812027512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	287.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Joan H. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2012  
Transaction ID : **PR327831727512**

Amount of Each Receipt this Period  
57.48

P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Robert J. Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Vice President, Meetings & Travel Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2012  
Transaction ID : **PR327846227512**

Amount of Each Receipt this Period  
57.48

P/R Deduction (\$7.70 Bi-Weekly)

**C. Ms. Ellen A. Pryga**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Director, Policy Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 31 / 2012  
Transaction ID : **PR327851927512**

Amount of Each Receipt this Period  
57.48

P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	172.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark Seklecki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR327858027512**  
 Amount of Each Receipt this Period **115.19**  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. John F. Barry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Millis State MA Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR327877827512**  
 Amount of Each Receipt this Period **115.19**  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. George F. Bergstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 North Garland Court  
 #3002  
 City Chicago State IL Zip Code 60602-4750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : PR327895727512**  
 Amount of Each Receipt this Period **115.19**  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>345.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Eileen M. Collins Offner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR327906127512</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.19
Name of Employer American Hospital Association-Washingt	Occupation Director Policy Development	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Judy Williams</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address One North Franklin Street		<b>Transaction ID : PR327918927512</b>
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.19
Name of Employer American Hospital Association-Chicago	Occupation Director Membership	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard J. Umbdenstock</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID : PR328132827512</b>
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.19
Name of Employer American Hospital Association-Washingt	Occupation President and Chief Executive Officer	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.57
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Barbara Lorschach**

Mailing Address 204 7th Ave

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Sr. Vice President, Member Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR328136927512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City State Zip Code  
Chicago IL 60640-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR328223827512**

Amount of Each Receipt this Period  
115.19

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City State Zip Code  
Eagle ID 83616-5369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR328241427512**

Amount of Each Receipt this Period  
125.80

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 356.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 142 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Richard J. Pollack**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR328260927512**

Amount of Each Receipt this Period 115.19

P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Carla L. Luggiero**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR328490127512**

Amount of Each Receipt this Period 28.51

P/R Deduction (\$9.63 Bi-Weekly)

**C. Ms. Carolyn Forcina**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR328511827512**

Amount of Each Receipt this Period 115.19

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 258.89

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Alicia N. Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 N. Harrison Street  
 City State Zip Code  
 Arlington VA 22205-2726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Washingt Senior Vice President, Communications  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 999.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR328512027512**  
 Amount of Each Receipt this Period  
 141.00  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. George Arges**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin St.  
 City State Zip Code  
 Chicago IL 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago Senior Director, Health Data Managemen  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR328641127512**  
 Amount of Each Receipt this Period  
 57.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**C. Mr. Anthony J. Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Ave.  
 City State Zip Code  
 Chicago IL 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago President & CEO, AHA Solutions, Inc. &  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR328913327512**  
 Amount of Each Receipt this Period  
 115.19  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	313.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. W. Thomas Deweese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Interstate Boulevard South  
 City State Zip Code  
 Nashville TN 37210-4634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago AHA Regional Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR329215727512**  
 Amount of Each Receipt this Period  
 115.19  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. John Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin Street  
 City State Zip Code  
 Chicago IL 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago Senior Vice President & CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR329342627512**  
 Amount of Each Receipt this Period  
 40.19  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Audrey L. Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1136 W. Farwell Ave.  
 City State Zip Code  
 Chicago IL 60626-3861  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Hospital Association-Chicago Executive Director, ASDVS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR329654227512**  
 Amount of Each Receipt this Period  
 40.19  
 P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.57  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Patricia Meersman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR330343327512**  
 Amount of Each Receipt this Period 57.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Thomas Misfeldt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR330411627512**  
 Amount of Each Receipt this Period 125.80  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Maureen D. Mudron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : PR330465227512**  
 Amount of Each Receipt this Period 40.19  
 P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 223.47  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 147 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Paul N. Muraca</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR330475427512</b>
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 115.19
City Apple Valley	State MN	Zip Code 55124-9229
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Gene O'Dell</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR330547727512</b>
Mailing Address One North Franklin		Amount of Each Receipt this Period 57.48
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Eileen O'Keefe</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : PR330549227512</b>
Mailing Address 172 Atteridge		Amount of Each Receipt this Period 115.19
City Lake Forest	State IL	Zip Code 60045-1715
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Constituency Section	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	287.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Anthony Spohn</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR331098327512</b>
Mailing Address 3219 N. Oriole		Amount of Each Receipt this Period 57.48
City Chicago	State IL	Zip Code 60634-3232
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, Associate Membersh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Debi H. Tucker Esq.</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR331278827512</b>
Mailing Address 1101 N. Kentucky Street		Amount of Each Receipt this Period 58.94
City Arlington	State VA	Zip Code 22205-3515
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, State Issues Forum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Darlene S. Vanderbush</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR331304227512</b>
Mailing Address 26 West Glendale Ave.		Amount of Each Receipt this Period 115.19
City Alexandria	State VA	Zip Code 22301-2402
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Public Policy Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Jo Ann Webb**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR331379127512**

Amount of Each Receipt this Period  
40.19

P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Judy Weinsheimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR331386927512**

Amount of Each Receipt this Period  
40.19

P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Dale Woodin**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : PR331481327512**

Amount of Each Receipt this Period  
40.19

P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.57
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Elizabeth Summy</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR346168127512</b>
Mailing Address One North Franklin		Amount of Each Receipt this Period 115.19
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Megan Cundari</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR518031927512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 115.19
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Laura M. Werner</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR560101527512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	287.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 174  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Carlos Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 City Washington State DC Zip Code 20004-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR566280927512**  
 Amount of Each Receipt this Period 57.48  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Ashley B. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 606 S. Royal St.  
 City Alexandria State VA Zip Code 22314-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR766023727512**  
 Amount of Each Receipt this Period 88.87  
 P/R Deduction (\$48.09 Bi-Weekly)

**C. Ms. Rochelle M. Archuleta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR801366327512**  
 Amount of Each Receipt this Period 40.19  
 P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 186.54  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Lisa Kidder Hrobsky</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR876637227512</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer Armstrong Gay</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR928186527512</b>
Mailing Address 10702 Benning Way		Amount of Each Receipt this Period 40.19
City Spotsylvania	State VA	Zip Code 22551-4670
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Communication Strategies	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David A. Strickland</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR939603927512</b>
Mailing Address 182 E. Schubert Avenue		Amount of Each Receipt this Period 40.19
City Glendale Heights	State IL	Zip Code 60139-2077
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director, Product Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.86
<b>TOTAL</b> This Period (last page this line number only).....▶	128724.03

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 174  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. HCA Good Government Fund-Federal PAC**

Mailing Address On Park Plaza  
PO Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : 20561193**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 174
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 91000.00

Date of Receipt: 12 / 27 / 2012  
**Transaction ID : 20608776**

Amount of Each Receipt this Period: 19000.00

Full Name (Last, First, Middle Initial)  
**B. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8135.00

Date of Receipt: 12 / 27 / 2012  
**Transaction ID : 20608778**

Amount of Each Receipt this Period: 100.00

Full Name (Last, First, Middle Initial)  
**C. AZHHA Political Action Committee (Federal)**

Mailing Address 2901 North Central Avenue  
Suite 900

City Phoenix State AZ Zip Code 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 12 / 27 / 2012  
**Transaction ID : 20608786**

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 24100.00

**TOTAL** This Period (last page this line number only)..... ▶ 24100.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 174  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2935.09

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : 20666986**

Amount of Each Receipt this Period  
155.13

Interest Earned

Full Name (Last, First, Middle Initial)  
**B. TD Bank**

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3100.52

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : 20666989**

Amount of Each Receipt this Period  
165.43

Interest Earned

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.56
<b>TOTAL</b> This Period (last page this line number only).....▶	320.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Merchant Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012

**Transaction ID : 20666990**

Amount of Each Disbursement this Period

81.25

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2012

**Transaction ID : 20666993**

Amount of Each Disbursement this Period

187.20

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2012

**Transaction ID : 20666994**

Amount of Each Disbursement this Period

84.36

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

352.81

**TOTAL** This Period (last page this line number only)..... ▶

352.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Reclaim America PAC**

Mailing Address 4031 South Le Jeune Road

City State Zip Code  
Coral Gables FL 33146

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Reclaim America PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561054**

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. JAZZ PAC**

Mailing Address 10 G Street, NE  
Suite 570

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**JAZZ PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561055**

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Republican Majority Fund**

Mailing Address P.O. Box 1550

City State Zip Code  
Ponca City OK 74602

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Republican Majority Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561058**

Amount of Each Disbursement this Period

2500.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City State Zip Code  
Kansas City MO 64108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Samuel B. Graves Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561059**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. 21st Century Majority Fund**

Mailing Address 6065 Roswell Road  
Box 2274

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**21st Century Majority Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561062**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Denali Leadership PAC**

Mailing Address 16158 Essex Park Dr.

City State Zip Code  
Anchorage AK 99516

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Denali Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561063**

Amount of Each Disbursement this Period

1000.00
---------

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Alaskans For Begich**

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Mark Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012

**Transaction ID : 20561068**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. IMPACT**

Mailing Address 509 Madison Ave.  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**IMPACT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012

**Transaction ID : 20561070**

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Cochran**

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Thad Cochran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012

**Transaction ID : 20561071**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends For Harry Reid**

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Sen. Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561072**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Moran For Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Sen. Jerry Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561073**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Texans For Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561075**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bennet For Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
2016 Contribution

011

Candidate Name  
**Sen. Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561077**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Heidi For Senate**

Mailing Address PO Box 1577

City State Zip Code  
Bismarck ND 58502

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Ms. Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561199**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Bera For Congress**

Mailing Address Post Office Box 582496

City State Zip Code  
Elk Grove CA 95758

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20561200**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Montanans For Tester**

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561201**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Pascrell For Congress**

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 Primary Debt Re

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561202**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address 330 Encinitas Boulevard - #101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Contribution

011

Candidate Name

**Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2012

**Transaction ID : 20561203**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Collins For Congress**

Mailing Address PO Box 386

City State Zip Code  
Clarence NY 14031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Christopher Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

Transaction ID : 20565333

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Heller For Senate**

Mailing Address PO Box 371907

City State Zip Code  
Las Vegas NV 89137

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

Transaction ID : 20565334

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Foster For Congress Committee**

Mailing Address P.O. Box 9104

City State Zip Code  
Aurora IL 60598

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bill Foster**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

Transaction ID : 20565335

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Swalwell For Congress**

Mailing Address P.O. Box 2847

City State Zip Code  
Dublin CA 94568

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Eric Swalwell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	1	2

**Transaction ID : 20565336**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Chris Coons For Delaware**

Mailing Address PO Box 9900

City State Zip Code  
Newark DE 19714

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Christopher A. Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	1	2

**Transaction ID : 20565337**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Hoosiers First PAC**

Mailing Address 215 South St. Joseph Street - Suit

City State Zip Code  
South Bend IN 46601

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Hoosiers First PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	1	2

**Transaction ID : 20573112**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CO Zip Code 06410

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elizabeth Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: CT District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 20573113**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of John Delaney**

Mailing Address PO Box 60320

City Potomac State MD Zip Code 20854

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. John Delaney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: MD District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 20573114**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Daines For Montana**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Steven Daines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 General Debt Re

State: MT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2012

**Transaction ID : 20630454**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Thune**

Mailing Address PO Box 841

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Sen. John R. Thune**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2012

**Transaction ID : 20630455**

Amount of Each Disbursement this Period

2500.00

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley For Oregon**

Mailing Address 2236 Se 10th Ave

City State Zip Code  
Portland OR 97214

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Jeff Merkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012

**Transaction ID : 20630456**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Johanns For Senate Incorporated**

Mailing Address 5555 South Street

City State Zip Code  
Lincoln NE 68506

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Mike Johanns**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012

**Transaction ID : 20630457**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Judy Chu For Congress**

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Void of 9/12 Check

011

Candidate Name

**Rep. Judy Chu**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2012

**Transaction ID : 20669981**

Amount of Each Disbursement this Period

-2000.00
----------

Void of 9/12 Check

Full Name (Last, First, Middle Initial)

**B. Invest in a Strong & Secure America PAC**

Mailing Address PO Box 3799

City Vista State CA Zip Code 92085

Purpose of Disbursement  
Void of 09/12 check

011

Candidate Name

**Invest in a Strong & Secure America PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2012

**Transaction ID : 20685061**

Amount of Each Disbursement this Period

-1000.00
----------

Void of 09/12 check

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement  
Void of 03/12 check

011

Candidate Name

**Rep. Michael D. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2012

**Transaction ID : 20685062**

Amount of Each Disbursement this Period

-500.00
---------

Void of 03/12 check

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Morgan Griffith For Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
Void of 10/12 check

011

Candidate Name  
**Rep. Morgan H. Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

**Transaction ID : 20685063**

Amount of Each Disbursement this Period

-500.00
---------

Void of 10/12 check

Full Name (Last, First, Middle Initial)

**B. Follow the North Star Fund**

Mailing Address 316 E Hennepin Ave  
Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Void of 10/12 check

011

Candidate Name  
**Follow the North Star Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

**Transaction ID : 20685064**

Amount of Each Disbursement this Period

-1500.00
----------

Void of 10/12 check

Full Name (Last, First, Middle Initial)

**C. Mario Diaz-Balart For Congress**

Mailing Address 8770 Sw 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Void of 10/12 check

011

Candidate Name  
**Rep. Mario Diaz-Balart**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 25

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

**Transaction ID : 20685065**

Amount of Each Disbursement this Period

-3000.00
----------

Void of 10/12 check

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Stutzman For Congress**

Mailing Address 0250 W 600 N

City Howe State IN Zip Code 46746

Purpose of Disbursement  
Void of 10/12 check

011

Category/  
Type

Candidate Name

**Rep. Marlin Stutzman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

**Transaction ID : 20685066**

Amount of Each Disbursement this Period

-1000.00									
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Void of 10/12 check

Full Name (Last, First, Middle Initial)

**B. HURT PAC (Help Unite Republicans Today)**

Mailing Address PO Box 2 - 10 Main Street

City Chatham State VA Zip Code 24531

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**HURT PAC (Help Unite Republicans Today)**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

**Transaction ID : 20716375**

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

2012 Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00									
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**TOTAL** This Period (last page this line number only)..... ▶

70000.00									
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Philip Sprinkle II**

Mailing Address 30 Ivan Allen, Jr. Blvd. NW  
Suite 700

City Atlanta State GA Zip Code 30308-3036

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20561194**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B. Mr. Cavender Kimble**

Mailing Address 1901 Sixth Avenue North  
Suite 1500

City Birmingham State AL Zip Code 35203-4642

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20561195**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY 12 / 13 / 2012
Mailing Address 3050 K Street, NW Suite 100		Amount 18263.00
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Reissue Lost Check-Previously Reported	Category/ Type 004	<b>Transaction ID : 20626071</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Bruce Braley		Office Sought: <input checked="" type="checkbox"/> House    State: IA <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
286059.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY 12 / 13 / 2012
Mailing Address 3050 K Street, NW Suite 100		Amount 19815.05
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Reissue Lost Check-Previously Reported	Category/ Type 004	<b>Transaction ID : 20669426</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Office Sought: <input checked="" type="checkbox"/> House    State: CA <input type="checkbox"/> Senate    District: 24 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
220130.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	38078.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
02 / 19 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY 12 / 13 / 2012
Mailing Address 3050 K Street, NW Suite 100		Amount -18263.00
City Washington      State DC      Zip Code 20007	<b>Transaction ID : 20727765</b>	
Purpose of Expenditure Void of Lost Check, See Reissue	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House      State: IA <input type="checkbox"/> Senate      District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 267796.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY 12 / 13 / 2012
Mailing Address 3050 K Street, NW Suite 100		Amount -19815.05
City Washington      State DC      Zip Code 20007	<b>Transaction ID : 20727766</b>	
Purpose of Expenditure Void of Lost Check, See Reissue	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House      State: CA <input type="checkbox"/> Senate      District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200315.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	-38078.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures.....	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*      **[Electronically Filed]**      Date MM / DD / YYYY  
02 / 19 / 2013

Signature